

EXHIBIT F

DEFENDANT

DOCTOR

LABOR

DEPOSITION

Dr. Alan Labor
March 22, 2016

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2 UNITED STATES DISTRICT COURT
3 SOUTHERN DISTRICT OF NEW YORK
4 Index No. 15 cv 1832 (VSB)

4

KAMILAH BROCK,

5

Plaintiff,

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- against -

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8 THE CITY OF NEW YORK, NEW YORK CITY HEALTH
9 AND HOSPITALS CORPORATION, HARLEM
10 HOSPITAL, DR. ELISABETH LESCOUFLAIR,
11 Individually and in her Official Capacity,
12 DR. ZANA DOBROSHI, Individually and in her
Official Capacity, DR. ALAN LABOR,
Individually and in his Official Capacity,
and POLICE OFFICER SLAVADOR DIAZ, Shield
No. 21953, Individually and in his
Official Capacity,

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Defendants.

14

March 22, 2016
12:30 p.m.

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Deposition of DR. ALAN LABOR,

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taken by the Plaintiff, pursuant to Order,

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held at the Law Offices of Michael S.

20

Lamonsoff, PLLC, 32 Old Slip, New York,

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New York, before Danielle M. Baglio, a

22

Shorthand Reporter and Notary Public of

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the State of New York.

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A P P E A R A N C E S :

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BY: JOSHUA J. LAX, ESQ.

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1 DR. ALAN LABOR
2 themselves, as in this case, the CPEP. I
3 was on-call that day when Miss Brock was
4 in the hospital.
5 Q. Where were you on-call?
6 A. In the comprehensive psychiatric
7 emergency program, or CPEP.
8 Q. Where is Harlem Hospital
9 located?
10 A. In Manhattan, New York.
11 Q. Do you know the address?
12 A. 530 Lenox Avenue.
13 Q. Where is the CPEP located in
14 that building?
15 A. There are five buildings that
16 make up -- well, Harlem Hospital has five
17 main buildings, and the MLK, the Martin
18 Luther King building, is where the CPEP
19 is, on the first floor.
20 Q. Did you attend medical school?
21 A. Yes.
22 Q. Where did you attend medical
23 school?
24 A. Russia.
25 Q. What's the name of the medical

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1 DR. ALAN LABOR

2 Luther King building.

3 Q. Where were you when you first
4 met Kamilah Crock?

5 A. In the CPEP.

6 Q. Where is the CPEP located in the
7 Martin Luther King building?

8 A. On the first floor of the MLK
9 building.

10 Q. Is it part of the emergency room
11 or separated from the emergency room?

12 A. Separated.

13 Q. What were the circumstances
14 under which you first met Kamilah Brock on
15 September 14, 2014?

16 A. Could you repeat that again?

17 Q. Sure. What were the
18 circumstances under which you met Miss
19 Brock on September 14, 2014?

20 A. To provide a psychiatric
21 evaluation.

22 Q. Did somebody ask you to provide
23 a psychiatric evaluation?

24 A. Yes.

25 Q. Who asked to you provide a

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2 psychiatric evaluation?

3 A. The attending physician,
4 Dr. Samuels.

5 Q. What is Dr. Samuels' first name?

6 A. Erin.

7 Q. Did Dr. Samuels communicate with
8 you that -- I'm sorry. Is Dr. Samuels a
9 man or a woman?

10 A. A female.

11 Q. How did Dr. Samuels communicate
12 with you that she wanted you to provide a
13 psychiatric evaluation for Kamilah Brock?

14 A. She asked me to interview her
15 and do a psychiatric assessment.

16 Q. Did Dr. Samuels verbally ask you
17 to perform the psychiatric assessment?

18 A. Yes.

19 Q. Did Dr. Samuels tell you
20 anything about Miss Brock when you were
21 being asked to perform this evaluation?

22 A. No.

23 Q. Dr. Samuels didn't provide you
24 with any information about Kamilah Brock?

25 A. No.

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2 Q. What did Dr. Samuels tell you at
3 that time?

4 A. Well, in the morning, which is
5 usual, we see patients and -- patients are
6 assigned to us, residents and attendings,
7 and we do interviews. The attending
8 physician on-call, Dr. Samuels, told me to
9 interview Miss Brock.

10 Q. Was it a random assignment?

11 MR. LAX: Objection.

12 A. Yes.

13 Q. What time of day did you receive
14 that instruction from Dr. Samuels?

15 A. September 14th.

16 Q. I'm sorry. Do you remember what
17 time of day approximately that was?

18 A. In the morning. Maybe about
19 9:30, 10. Around there.

20 Q. Did you receive this assignment
21 during the course of a normal meeting that
22 you have on a daily basis when you're
23 working?

24 A. Yes.

25 Q. After receiving this assignment

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2 from Dr. Samuels, what was the next thing
3 that you did?
4 A. I asked Miss Brock to escort me
5 into the interview room for a private
6 interview.
7 Q. Where was the meeting with
8 Dr. Samuels that you had?
9 A. In the CPEP.
10 Q. Did you have to walk to where
11 Kamilah Brock was located in order to
12 speak to her?
13 A. Right.
14 Q. Where was she at that time?
15 A. She was in the -- I don't recall
16 where, but she was in the CPEP.
17 Q. How long did that take you to
18 get to her from where you had received
19 this instruction?
20 A. A few minutes.
21 Q. When you first encountered Miss
22 Brock, what was she doing?
23 A. I don't remember.
24 Q. Do you remember what she looked
25 like?

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A. Yeah. I remember.

Q. What did she look like?

A. African-American, with
dreadlocks.

Q. Do you remember anything else
about her physical appearance?

A. No.

Q. Okay.

A. She appeared a little younger
than her age.

Q. What do you mean when you say
she appeared younger than her age?

A. Well, when I first met her,
maybe I was expecting someone older than
her real age.

Q. What do you remember her real
age as being?

A. I would have put her maybe 20 or
29.

Q. That's what you expected her to
be or that's what she appeared to be?

A. That's what she appeared to be.

Q. Why did you expect her to be
older than --

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2 A. No. Appeared.

3 Q. Okay. Right. You said when you
4 encountered her, she appeared younger than
5 she actually was?

6 A. Correct. Yes.

7 Q. Can you explain to me why she
8 appeared younger to you?

9 A. Well, just her features. She
10 appeared to be younger than 33 or 34, I
11 think she was at the time. Any other
12 features I cannot -- there's nothing else
13 that I could remember except she's black
14 and she had dreadlocks.

15 Q. Is there anything else about her
16 appearance or behavior that created this
17 impression of a younger person?

18 A. No.

19 Q. So, you first encountered
20 Kamilah Brock in the CPEP unit. And what
21 was the first thing you said to her?

22 A. "My name is Dr. Labor. I'm the
23 resident psychiatric physician here, and
24 I'm assigned to your case. Can I meet
25 with you for an interview?"

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2 Q. Did Miss Brock say anything in
3 response to that?

4 A. I don't recall, but she did --
5 she came with me into the interview room.

6 Q. Where was the interview room?

7 A. In the CPEP.

8 Q. How long did it take you to get
9 to the interview room once you met up with
10 Miss Brock?

11 A. It has to be maybe a minute.

12 Q. What happened once you and Miss
13 Brock were in the interview room?

14 A. Well, she sat down and I
15 introduced myself again. And she asked me
16 if I'm going to let her get out of here.

17 Q. Did you say anything in response
18 to that?

19 A. I said, "Well, my job is to do
20 an assessment."

21 Q. Did she respond to that?

22 A. Yes, she did.

23 Q. What did she say?

24 A. She said, again, if I recall
25 well, I don't remember her exact words,

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2 but she said, "They brought me here," you
3 know, "for nothing. I didn't do nothing.
4 The police brought me here. They seized
5 my car, and all I wanna do is get out of
6 here."

7 Q. Did you say anything in response
8 to that?

9 A. I asked her what happened with
10 the police, to tell me the story.

11 Q. Did Miss Brock appear upset?

12 A. Yes.

13 Q. When you asked her to tell you
14 what had happened with the police, did she
15 respond?

16 A. She said she was driving in
17 Harlem. She had just come back from New
18 Jersey -- she had just come back from
19 somewhere into the city, from Long Island;
20 and she was driving fast and she was
21 pulled over by the cops.

22 Q. Did she say anything else?

23 A. And she was taken to the
24 precinct and they had an argument. She
25 had an argument with the cops.

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2 Q. Did she say anything else?

3 A. She stated that because she's
4 black, the cops did not believe that she
5 can own a BMW.

6 Q. Did she say anything else?

7 A. No. Not as far as I could
8 remember.

9 Q. Did you say anything to her in
10 response to any of those statements you
11 just told me?

12 A. So, I asked her why did the
13 cops -- she said she had an argument with
14 the cops. So I said, "Well, why did they
15 bring you to a psychiatric hospital or not
16 arrest or take you to the tubes for
17 legal?" She did not answer.

18 Q. Did you ever ask the police why
19 they brought her to the psych hospital and
20 not to jail?

21 A. No.

22 Q. Is there a reason why?

23 A. I had no contact with the
24 police.

25 Q. In your time at Harlem Hospital,

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1 DR. ALAN LABOR
2 have you ever encountered a patient who
3 was wrongfully brought to the psychiatric
4 unit wrongfully by the police?
5 MR. LAX: Objection. You can
6 answer.
7 A. I can't answer that.
8 Q. Why can't you answer that?
9 A. Because I'm not sure what
10 wrongfully is. How will I know if it was
11 wrongfully if I was not there with the
12 police when this happened? So it's not
13 for me to say whether it was wrongfully or
14 not. Patients have claimed they were
15 wrongfully brought, but I cannot say
16 that's right, that's true.
17 Q. How do you determine whether or
18 not someone is properly brought to the
19 psychiatric unit of the hospital by the
20 police?
21 A. How can I determine that?
22 Q. Yes.
23 A. I don't think I can, because I'm
24 not the police and I was not there when
25 incidents occur.

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2 Q. But you don't just accept what
3 the police tell you when they say that
4 somebody belongs in the psych unit,
5 correct?

6 A. Well, I accept their judgment
7 that they see something wrong with the
8 patient. A patient could be aggressive,
9 could be behaving out of order. And
10 again, I'm not the police to tell who goes
11 where. I do my own assessments.

12 Q. Okay. And this initial meeting
13 that you had with Miss Brock in the
14 interview room, how long did that last?

15 A. About 15 minutes.

16 Q. Other than the conversation that
17 you just told me that transpired between
18 you and Miss Brock in the interview room
19 at that time, is there anything else that
20 was said between the two of you?

21 A. Other than what I just told
22 you?

23 Q. Yes.

24 A. Well, there was discussions back
25 and forth with us. Yes.

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2 Q. Can you just relay to me the
3 entirety of those discussions during that
4 15-minute time period, to the best of your
5 memory?

6 A. Well, at first she was
7 forthcoming with answers. And when I
8 probed deeper into finding what actually
9 happened, because remember, we do not have
10 the police reports given to us from the
11 medical emergency room. So, I probed to
12 find out what was the reason. And again,
13 this is where our assessment begins, from
14 what happened outside. She was not giving
15 me answers. She being very evasive and
16 not providing answers.

17 Q. How was she being evasive?

18 A. By not answering the questions
19 about what happened.

20 Q. What was she saying?

21 A. Up to the point when she told me
22 that she was brought to the precinct
23 because she was driving fast, she was, I
24 think, I'm not sure, but maybe she
25 mentioned they thought maybe she was under

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2 the influence.

3 But when they went to the
4 precinct, arguments ensued between her and
5 the police. And in that discussion, she
6 made a statement that, "They don't believe
7 I own a BMW because I'm a black girl."

8 Q. Did she seem credible to you
9 when she was speaking to you?

10 MR. LAX: Objection. You can
11 answer.

12 A. Credible in terms of what
13 happened?

14 Q. Well, specifically, you just
15 told me that she told you that the police
16 didn't believe that she owned a BMW
17 because she was a black girl. Did you
18 believe she was telling the truth about
19 that?

20 A. I don't believe that, because
21 black people own BMSs. It's nothing
22 strange. So why should the cops pull her
23 out or why did they bring her to the
24 precinct because of owning a BMW and being
25 black? I did not see the reasoning for

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2 particular street in Harlem?

3 A. I don't recall.

4 Q. Did you ask her what the speed
5 limit was --

6 A. I don't recall.

7 Q. -- where she claims to have been
8 driving?

9 A. I don't recall.

10 Q. Can you go back and tell me the
11 remainder of the conversations that you
12 and Miss Brock had during that 15-minute
13 time period, because I think I cut you off
14 a little bit?

15 A. Yeah. So I tried to get the
16 story of why the police bring her to the
17 precinct -- to the hospital, versus, you
18 know, handcuffing her and getting her
19 through the system to see a judge. I did
20 not get that answer. She could not tell
21 me why. I asked over and over again. All
22 she wanted to know, "Doctor, I wanna get
23 out of here. I should not be here. I'm
24 not crazy."

25 Q. Do you think Miss Brock trusted

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2 you?

3 A. I hope.

4 Q. Did you think she sensed that
5 you didn't believe her?

6 MR. LAX: Objection.

7 A. I can't say.

8 Q. But you didn't believe her,
9 right?

10 A. She was not giving me the
11 answers I wanted to make an assessment.

12 Q. She did give you one piece of
13 information that you already told me you
14 didn't believe, that she was pulled over
15 by the police and that the police didn't
16 believe she owned a BMW because she's a
17 black girl. Is that a fair
18 characterization of your testimony a few
19 moments ago?

20 A. Why should not the -- well,
21 again, I'm not the police. But, why
22 should not the police believe her, if I
23 have to say it like that again. Because
24 for a black woman to drive a BMW is
25 common. It's not uncommon.

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2 Q. Right. And I don't think my
3 question is should the police believe her
4 or not. My question is: Do you believe
5 that the police might not believe her when
6 she says, "I own a BMW"?

7 MR. LAX: Objection. Go ahead.

8 A. It's possible.

9 Q. But you didn't believe her when
10 she said that to you during the 15-minute
11 interview in the interview room?

12 A. No. Why should not -- no. I
13 believed her. She told me she drives a
14 BMW, she was driving fast, and I believed
15 her. I don't know why she thought the
16 police should not believe her that she
17 owned it. But like I said, it's common
18 for a woman to drive a BMW. So why should
19 not I?

20 Q. Of course, of course. During
21 that 15-minute conversation, did Miss
22 Brock make any other statements to you?

23 A. She was very preoccupied about
24 leaving the hospital, so I switched from
25 asking about the incident, and I said,

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"Okay. Have you had a prior incident like this?" She said, "No."

I asked her about her past psychiatric history. She did mention that she saw a doctor once, but she didn't divulge further.

Q. Did you ask anymore questions about the doctor that she said she saw once?

A. Yes. Like I said, she did not want to speak further.

Q. You just said that she seemed very preoccupied with leaving the hospital, correct?

A. Yes.

Q. Is that weird to you?

A. No.

MR. LAX: Objection.

Q. When you say preoccupied, what do you mean?

A. Preoccupied meaning that's all she wanted, she was asking.

Q. But that doesn't seem abnormal to you, right?

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2 A. No.

3 Q. During that 15-minute
4 conversation in the interview room, did
5 you ever hear Miss Brock say that she was
6 going to hurt herself?

7 A. No.

8 Q. Did you ever hear Miss Brock say
9 that she was going to hurt others?

10 A. No.

11 Q. Did anyone ever tell that you
12 Miss Brock was going to hurt herself?

13 A. No.

14 Q. Did anyone ever tell that you
15 Miss Brock said she was going to hurt
16 others?

17 A. No.

18 Q. Did Miss Brock think that people
19 were out to get her?

20 A. Well, she thought that the
21 police was out to get her, so to speak.

22 Q. What statement did Miss Brock
23 make to you that led you to believe that
24 she thought the police were out to get
25 her?

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2 A. Because she thought driving fast
3 did not warrant the police to pull her.
4 She did not understand why they pulled
5 her.

6 Q. But you don't know how fast was
7 she was driving?

8 A. No.

9 Q. And you don't know where she was
10 driving and what the speed limit was?

11 A. It was in Harlem. The city of
12 Harlem in Manhattan.

13 Q. From the moment you arrived at
14 work that morning up until the end of that
15 15-minute conversation that you had with
16 Miss Brock that we were just discussing,
17 did she say or do anything that led you to
18 believe that she posed a risk of danger to
19 herself or others?

20 A. Yes.

21 Q. Can you specify what exactly?

22 A. We -- she spoke about that she
23 drives fast; she has -- she does not see
24 it wrong or anything -- well, she doesn't
25 see it wrong to drive with her foot stuck

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2 of the window, because her mother did that
3 around Rockefeller Center when she was a
4 child, and nothing happened to the
5 mother. And by that time, her urine
6 toxicology had come up positive for
7 marijuana.

8 So her behavior, which was kind
9 of erratic and impulsive to her peers in
10 the room, led us to believe that she could
11 be a harm to others at the time.

12 Q. Did you say peers in the room
13 room?

14 A. Yes. Other patients.

15 Q. What room are you referring to?

16 A. In the CPEP.

17 Q. What did you observe her doing
18 in the CPEP room?

19 A. Argumentative.

20 Q. Argumentative with who?

21 A. Other patients.

22 Q. How many other patients?

23 A. One or two.

24 Q. Did you hear what they were
25 arguing about?

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2 A. I don't recall.

3 Q. Do you know what started those
4 arguments?

5 A. I don't recall.

6 Q. Did you make any other
7 observations of Miss Brock in the CPEP
8 room during that 15-minute time frame that
9 led you to believe that her behavior was
10 erratic?

11 A. She was loud, talking loud,
12 talking fast.

13 Q. Did you hear anything she was
14 saying?

15 A. I don't recall, but it was all
16 about her getting out of here.

17 Q. Did you record these statements
18 anywhere?

19 A. I think I record them in the
20 progress notes.

21 Q. Which would be a part of her
22 chart, correct?

23 A. Yes.

24 Q. When did you make these
25 observations of Miss Brock?

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2 A. In the CPEP.

3 Q. Was it before or after you had a
4 conversation with her?

5 A. Before, during and after.

6 Q. What observations did you make
7 of Miss Brock before you spoke to her?

8 A. Loud; argumentative with the
9 nursing staff; refusal to cooperate with
10 CPEP policies and procedures.

11 Q. Anything else prior to your
12 conversations?

13 A. That's it.

14 Q. What CPEP policies and
15 procedures did she fail to comply with?

16 A. Blood draws; urine, providing
17 urine samples.

18 Q. Anything else?

19 A. There's two sections of the
20 CPEP. We like patients who just come in
21 for a couple of hours to stay in the CPEP
22 area, and she was always all around the
23 place. She could not stay in the area
24 where she was supposed to stay.

25 Q. Is that area clearly marked?

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2 A. Well, she's told that's where
3 she has to stay.

4 Q. How do you know she was told
5 that?

6 A. Well, when they come in, that's
7 normal procedure. Patients are told where
8 they're supposed to stay.

9 Q. So, in all fairness, you're
10 assuming she was instructed to stay in a
11 particular area, correct?

12 A. Yes.

13 Q. When you say that she failed to
14 comply with CPEP policies and procedures
15 regarding blood draws and urine samples,
16 she did give a urine sample, did she not?

17 A. Eventually she did. Yes.

18 Q. You're saying by the end of your
19 15-minute conversation, the toxicology
20 report for the marijuana had already come
21 back?

22 A. I suspect so. Or either, maybe
23 she herself told us that she was smoking
24 marijuana. Either that. Either she
25 herself had said it or the results had

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2 come out. One of the two.

3 Q. But either way, she was given
4 multiple blood tests and urine samples
5 during her stay at Harlem Hospital,
6 correct?

7 MR. LAX: Objection.

8 A. Yes.

9 Q. So what do you mean when you say
10 she didn't comply with the CPEP policies
11 procedures to give blood draws and urine
12 samples?

13 A. At the beginning.

14 Q. But again, you're not sure
15 whether she complied or not, because you
16 testified earlier that her toxicology
17 report had come back by the end of your
18 15-minute conversation, which means by the
19 time you first observed her, she must have
20 already given a urine sample or blood test
21 for her marijuana toxicology, correct?

22 MR. LAX: Objection.

23 A. If I remember well, yes. The
24 results may have come out, but she herself
25 in that discussion did say that she was

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2 under the influence of marijuana.

3 Q. Okay.

4 A. And she was asking for it.

5 Q. I'm not trying to be petty or
6 anything with regard to this, but I just
7 want to be clear, because you're saying
8 she didn't comply with CPEP policies and
9 procedures regarding blood draws and urine
10 samples. But it's possible by the time
11 you first observed her she might have
12 already complied with those policies and
13 procedures for blood draws and urine
14 samples, correct?

15 A. It's possible. Yes.

16 Q. So prior to speaking with Miss
17 Brock, did you observe anything else about
18 her behavior?

19 A. Pacing; unable to sit still;
20 loud, loud, loud speech; rambling; talking
21 a lot; pressure.

22 Q. Can those types of behaviors
23 serve as a sign for a particular
24 diagnosis?

25 A. Yes.

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2 Q. What diagnosis is that?
3 A. Mood disorders; bipolar
4 disorders.
5 Q. Anything else?
6 A. Schizophrenia; psychosis.
7 Q. Can they also serve as a sign
8 for simply not wanting to be in the psych
9 unit?
10 A. It could be.
11 Q. Is there anything else you
12 recall about Miss Brock's behavior before
13 you began speaking with her on that day?
14 A. No.
15 Q. Before you spoke to Miss Brock,
16 what had you heard about her?
17 MR. LAX: Objection. You can
18 answer.
19 A. Nothing.
20 Q. Dr. Samuels didn't tell you
21 anything about Miss Brock?
22 A. No.
23 Q. Did any of the other medical
24 staff inform you of anything with regard
25 to Miss Brock before you spoke to her?

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2 A. No.

3 Q. Have you now told me everything
4 you remember hearing or observing with
5 regard to Miss Brock before you began
6 speaking with her?

7 A. Yes.

8 Q. At some point, you go and
9 retrieve Miss Brock from the CPEP area and
10 you take her into an interview room, and
11 then that's the beginning of the 15-minute
12 conversation that we've already spoken
13 about?

14 A. Yes.

15 Q. Other than what you've already
16 told me, did Miss Brock make any
17 statements to you, that you recall, during
18 that 15-minute conversation?

19 MR. LAX: Objection. Go ahead.

20 A. She was not providing answers,
21 and basically that was it. She was not
22 giving us the meat as to why she was there
23 and what the prevailing circumstances
24 were, from her point of view. We found
25 her evasive.

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2 Q. Was the purpose of that
3 conversations with Miss Brock to diagnose
4 her with anything?

5 A. Yes.

6 Q. Before beginning the
7 conversations with Miss Brock, did you
8 entertain the possibility that perhaps you
9 wouldn't reach a diagnosis at the end of
10 that 15-minute conversation?

11 A. Yes. There's a possibility you
12 will not.

13 Q. Did you reach a diagnosis of
14 Miss Brock at the end of that 15-minute
15 conversation with her?

16 A. At that time, no.

17 Q. And why is that?

18 A. We did not get the full
19 picture.

20 Q. Why do you believe you didn't
21 get the full picture?

22 A. Well, like I said, she was not
23 providing us the answers at that time
24 about her current circumstances, why she
25 was brought to the emergency room; she was

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2 not providing us with her past history as
3 much; she did say she had contact with a
4 psychiatrist, she did not want to
5 elaborate. All she wanted was, "I just
6 wanna be calm. Do you prescribe medical
7 marijuana?" She asked about that, and we
8 said no.

9 Q. Who did she have contact with
10 first upon her arrival to Harlem
11 Hospital?

12 MR. LAX: Objection.

13 A. I don't know.

14 Q. Is there an intake unit when
15 someone's brought by the police to Harlem
16 Hospital?

17 A. That's the medical emergency
18 room.

19 Q. To your knowledge, is that where
20 Miss Brock was brought by the police?

21 A. Yes.

22 Q. And then what happens when
23 somebody is brought to the medical
24 emergency room by the police?

25 A. Well, then they are treated.

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2 They're treated. And if the medical
3 doctors realize or notice signs of mental
4 instability or if it becomes apparent or
5 clear, then they're referred to a psych
6 emergency room for further assessment.

7 Q. The patient is first assessed by
8 the admitting doctor in the emergency
9 room?

10 A. The medical. That's where
11 everybody comes in.

12 Q. Sorry. I'm just trying to
13 understand. The patient is first assessed
14 by the admitting doctor in the medical
15 emergency room?

16 A. Yes.

17 Q. Do you know who the admitting
18 doctor was for Miss Brock in the medical
19 emergency room?

20 A. No.

21 Q. After somebody is brought in by
22 police and seen by the admitting doctor in
23 the medical emergency room, what is the
24 next things that happens, based on your
25 understanding and experience, at Harlem

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2 Hospital?

3 A. If the medical doctors assess at
4 the time that the patient may need to see
5 a psychiatrist due to their prevailing
6 circumstances and presenting symptoms,
7 then the psychiatric emergency room
8 attendings are called.

9 Q. Is it your understanding that
10 that's what happened in this case?

11 A. Yes.

12 Q. Who was the psych attending that
13 was called in this instance?

14 A. I was not there when she came
15 into the CPEP for the first time -- well,
16 when she came into the CPEP, so I would
17 not know.

18 Q. After a psychiatric attending is
19 called in an instance where it's deemed
20 necessary, what is the next thing that
21 happens, based on your experience and
22 knowledge?

23 A. Then the psychiatrist goes to
24 the medical emergency room and assesses
25 the patient there, or the patient is asked

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2 to be transferred to the psychiatric
3 emergency room.

4 Q. And then what's the next thing
5 that happens, based on your experience?

6 A. Then an assessment is done.

7 Q. Would that be the assessment you
8 already explained, the 15-minute
9 conversation?

10 A. No. That was done -- my
11 assessment was done on the second day of
12 her admission in the CPEP.

13 Q. So after the initial assessment
14 is done in a circumstance where a psych
15 attending is deemed necessary, what's the
16 next thing that happens, based on your
17 experience?

18 A. Then, if a patient has to stay,
19 which is usually the case, for more
20 observation, a follow-up assessment is
21 done 24 hours later.

22 Q. And in this circumstance, were
23 you the follow-up assessment? The doctor
24 that performed the follow-up assessment of
25 Miss Brock?

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2 A. I could have performed maybe the
3 second or third follow-ups. I'm not
4 sure.

5 Q. Generally speaking, after the
6 follow-up assessment is performed within
7 24 within hours, as you just explained,
8 what is the next thing that happens, based
9 on your experience?

10 A. It all depends on what the
11 assessment brings about. If the
12 assessment is for admission for another
13 day or two, then so be it; if it's for
14 longer term admission, it's also done at
15 or could be done at that time; or
16 discharge the patient after consulting
17 family, friends, and knowing the full
18 story.

19 Q. In this circumstance, in the
20 time that you met Miss Brock initially,
21 did you know if she had been admitted for
22 a day or two or if she was to spend
23 several additional days there?

24 A. At the time I met her, I knew
25 that she came in on the weekend. I knew

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2 that she had been there before I saw her.

3 Q. Did you know if you were
4 assessing her to determine whether or not
5 she was to be released or to stay for a
6 longer period of time?

7 A. That's our job. Yes.

8 Q. So, just to clarify, it's your
9 understanding that when you met with her
10 during that initial 15-minute
11 conversation, you were going to make a
12 determination of whether or not she was
13 supposed to be released or whether or not
14 she was to stay for an additional number
15 of days?

16 A. Yes.

17 Q. At what point did you make that
18 determination regarding her release or
19 further admittance?

20 A. After me and her met, I called
21 the addiction counselor, also spoke with
22 her. She refused to speak with her. And
23 then I presented the case to Dr. Samuels,
24 as customary.

25 MR. LAX: Note my objection to

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the form for the last question. Go on.

Q. What information did you present to Dr. Samuels?

A. What happened between me and her and the prior couple of 15 minutes, about 15 minutes.

Q. Did you relay any information to Dr. Samuels other than what you've already told me?

A. At that time, her sisters were visiting, so I think I told Dr. Samuels that we have her sisters here, as well.

Q. Did you speak with Miss Brock's sisters?

A. Yes.

Q. How many sisters?

A. Two.

Q. What did you speak with them about?

A. We spoke about Miss Brock.

Q. And what did they tell you about Miss Brock, if anything?

A. Miss Brock has been having family stresses recently; she has had a

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2 history of manic behavior; she has put
3 herself in risky activities, like driving
4 fast; and because of her manic and risky
5 behaviors, involvement in risky behaviors,
6 her father and her were not getting along
7 and the father asked her to leave the
8 house; so she was out of the house, the
9 family house for a bit; and the sisters
10 clearly asked us to not to let her go that
11 fast.

12 Q. Did they ask you to administer
13 something called Haloperidol to her?

14 A. No.

15 Q. Did you order Haloperidol for
16 the plaintiff at any point during her
17 admittance?

18 MR. LAX: Objection. Go ahead.

19 A. I could have. That's a common
20 medication we order for patients who are
21 impulsive and manic and not able to keep
22 themselves calm.

23 MS. MASSIMI: Can you read back
24 the end of the last response?

25 (Record read by the reporter.)

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2 Q. When you encounter a patient who
3 you perceive to be impulsive, manic and
4 not able to keep themselves calm, what is
5 the first resort in a situation like
6 that?

7 MR. LAX: Objection. Go ahead.

8 A. Talk to them, verbal
9 redirection.

10 Q. Talk to them for what purpose?

11 A. To provide support and to let
12 them know that they're safe, and ask them
13 to sit still; let them know they've been
14 disruptive to others.

15 Q. Did you ever try to negotiate
16 with Miss Brock to see if she understood
17 her behavior?

18 A. Yes.

19 Q. Did you observe anything
20 regarding Miss Brock's behavior that
21 warranted the forced administration of any
22 medication?

23 MR. LAX: Objection. Go ahead.

24 A. She was unable to control
25 herself; she was getting into verbal

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2 arguments with her peers; she was not
3 responding to verbal redirection.

4 MS. MASSIMI: Can you just read
5 back the last question?

6 (Record read by the reporter.)

7 Q. In those behaviors that you've
8 just described to me, you believe that
9 that warranted the forced administration
10 of medication?

11 MR. LAX: Objection.

12 A. Yes.

13 Q. What specifically do you believe
14 Miss Brock did that would have warranted
15 the forced administration of Haldol?

16 MR. LAX: Objection.

17 A. I think I said that already.

18 Q. Just those three things that
19 you've just described?

20 A. Yes.

21 Q. What do you believe is more
22 extreme: Commitment in a psych ward or
23 administration of Haldol?

24 MR. LAX: Objection.

25 Q. What's so funny?

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2 A. Because I can't tell what is
3 more extreme. It all depends on the
4 circumstances.

5 Q. Is Haldol short for
6 Haloperidol?

7 A. Yes.

8 Q. I'm just going to refer to it as
9 Haldol.

10 A. Sure.

11 Q. What's Haldol?

12 A. It's an antipsychotic.

13 Q. In this situation, based upon
14 everything you observed regarding Miss
15 Brock with regard her behavior, things
16 that she spoke to you about, as you sit
17 here today, you can't tell me what is more
18 extreme between the commitment in a psych
19 ward and the forced administration of
20 Haldol?

21 MR. LAX: Objection.

22 A. Well, forced administration of
23 injections is for emergent behavioral
24 control. Preventing a patient from
25 hurting themselves, preventing a patient

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2 from hurting others.

3 Inpatient admission is for a
4 couple of days, and while being admitted
5 as an inpatient, yes, we also give
6 forced -- we can give forced medications,
7 IM medications. So to say which is more
8 extreme is, you know.

9 Q. I just want to be clear about
10 this: Haldol would only be administered
11 in circumstances where a patient appears
12 to be a harm to themselves or a harm to
13 others, correct?

14 MR. LAX: Objection.

15 A. Not necessarily.

16 Q. What are the other circumstances
17 under which you would think it's
18 appropriate to administer Haldol against a
19 patient's will?

20 MR. LAX: Objection.

21 A. Behavior. Their behavior.

22 Q. Such as?

23 A. Erratic; manic; impulsive;
24 hyperactive; psychotic.

25 Q. What specifically was Miss Brock

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2 doing that made you think it was
3 appropriate that she be administered
4 Haldol against her will?

5 MR. LAX: Objection.

6 A. Well, she was hyperactive; she
7 was loud; she was disrupting others, the
8 peace of others; and she was not listening
9 to verbal redirection.

10 Q. But, Doctor, you have to admit
11 that all of those things you've just
12 listed are different than actually posing
13 a physical threat to another individual,
14 correct?

15 MR. LAX: Objection.

16 A. Not necessarily.

17 Q. What did she specifically do, if
18 anything, that led you to believe that she
19 posed a physical threat to other people?

20 MR. LAX: Objection.

21 A. Being disruptive to others.

22 Q. How was that physically
23 threatening to other people?

24 A. Because it could nearly become a
25 physical altercation.

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2 MR. LAX: Can we just take a
3 break for a second? I just want to ask
4 him a question.

5 (Recess taken.)

6 MS. MASSIMI: Read back the last
7 question and answer, please.

8 (Record read by the reporter.)

9 Q. Doctor, we've just taken a short
10 break and you've had an opportunity to
11 refer to the stack of medical records
12 that's in front of you. Did you recognize
13 that document?

14 MR. LAX: Objection.

15 A. What document?

16 Q. The document that you reviewed.
17 It's a very large document.

18 A. I did not review all of them. I
19 reviewed the orders.

20 Q. So you reviewed only the orders
21 portion of the document that's in front of
22 you?

23 A. Yes.

24 Q. I just want to say, if you need
25 to refer to that document at any point to

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2 refresh your recollection of anything, you
3 can do so. It's a copy of the plaintiff's
4 chart and orders that we've received from
5 Harlem Hospital from her admittance there
6 back in 2014.

7 A. Okay.

8 Q. I just want to go back to the
9 initial meeting that you had with Miss
10 Brock on, I believe it was September 14,
11 2014.

12 A. Actually, it was the 15th.
13 We've just corrected the day.

14 Q. It was Monday the 15th?

15 A. Right.

16 Q. Just to clarify, everything that
17 we've been speaking about with regard to
18 your initial meeting with Miss Brock in
19 that 15-minute meeting in the CPEP unit,
20 that was on September 15, 2014?

21 A. Yes.

22 Q. So, was that one day or two days
23 after Miss Brock was admitted to the
24 hospital?

25 A. I think one day.

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2 Q. Can you take a look at the chart
3 to be sure?

4 MR. LAX: She's allowing you to
5 look through this as much as you need to
6 to see.

7 (Witness perusing the document.)

8 A. Okay. Sunday, 14th of September
9 was when she came into the CPEP at 12:00
10 in the daytime. 12:05. Yes. Sunday,
11 14th September. And I met with her
12 Monday, 15th September. So it's one day.

13 Q. Can you tell from looking at the
14 medical records when she arrived to the
15 ER?

16 (Witness perusing the document.)

17 A. It says arrival time to CPEP.
18 I'm not sure of the arrival time of the
19 medical ER, if that's what you're asking
20 for.

21 Q. What about at the top of the
22 page? There's a box in the upper right
23 corner of the page. Does that give the
24 admittance date or is that something
25 else?

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2 A. Oh, okay. Admission. I guess,
3 September 14, 2014.
4 Q. Is that admission to the
5 emergency room or to the CPEP unit?
6 A. I guess it's in the emergency
7 room.
8 Q. Did you prescribe any
9 medications to be administered to Miss
10 Brock during her stay at Harlem Hospital?
11 A. Yes.
12 Q. What medications were those?
13 A. Haloperidol.
14 Q. Anything else?
15 A. And Ativan, also called
16 Lorazepam.
17 Q. Also called Lorazepam?
18 A. Yes.
19 Q. How many times did you order
20 Haloperidol for Miss Brock?
21 A. Once.
22 Q. When was that administered to
23 Miss Brock?
24 A. On the day I met with her, after
25 I met with her.

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2 Q. On September 15th?

3 A. 15th.

4 Q. 2014?

5 A. Yes.

6 Q. Was that the first order for
7 Haloperidol that had been requested for
8 Miss Brock during her stay?

9 MR. LAX: And again, if you need
10 to look, you can take a look.

11 A. No. It was not.

12 Q. When was the first Haloperidol
13 order, as reflected by the records that
14 you're referring to right now?

15 A. The 14th.

16 Q. Who ordered that? You can take
17 your time.

18 (Witness perusing document.)

19 A. Okay. Before I ordered that, it
20 was ordered on the 13th of September.

21 Q. Who ordered it?

22 A. Herman Anderson.

23 Q. Who is Herman Anderson?

24 A. I do not know. I presume he's a
25 medical ER physician.

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2 Subsequently to that,
3 Dr. Dobroshi ordered the next day on the
4 14th of September.

5 Q. Can I see the page you're
6 looking at with Herman Anderson's name on
7 it?

8 A. (Complying.)

9 Q. Is it correct to say that Miss
10 Brock was administered three injections of
11 Haldol while she was admitted to Harlem
12 Hospital?

13 A. The records -- yes. That's what
14 the records show.

15 Q. Was it more than three?

16 A. I'm looking at the records now.

17 Q. Take your time.

18 A. The first one was on the 13th,
19 Dr. Anderson; the second was on the 14th,
20 Dr. Dobroshi; and the third was myself on
21 the 15th.

22 (Witness perusing the document.)

23 A. Yes. I would think so. Yes.
24 Three Haldols.

25 Q. Was the dosage the same for each

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1 DR. ALAN LABOR
2 order of Haldol?
3 A. Yes.
4 Q. And what was the dosage?
5 A. Five milligrams.
6 Q. Is five milligrams of Haldol an
7 appropriate dosage for Miss Brock's
8 approximate weight and height?
9 A. Yes.
10 Q. Do you recall what her
11 approximate weight and height was?
12 A. No.
13 Q. Do you know why Herman Anderson
14 ordered Haldol for Miss Brock?
15 A. No.
16 Q. Do you know why Dr. Dobroski
17 ordered Haldol for Miss Brock?
18 A. No.
19 Q. Were all three of those
20 injections forced injections?
21 MR. LAX: Objection.
22 A. I know mine was. Yes, because
23 she had refused pill by mouth.
24 Q. Can you actually take a look at
25 the medical records and tell me how the

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DR. ALAN LABOR

Haldol was administered for Herman
Anderson's Haldol order and Dr. Dobroschi's
Haldol order?

A. Okay. Anderson's order was five
milligrams, IM.

Q. By what?

A. Intramuscular, IM.

Q. And what does intramuscular
mean?

A. The injection goes into the
muscle.

Q. Why would the Haldol have been
administered via intramuscular injection?

A. For faster results, for faster
action.

Q. Is it fair to say that it's
because Miss Brock refused to take the
Haldol?

A. Most likely.

Q. What are the other methods of
receiving Haldol into the body?

A. By mouth.

Q. And Haldol would have been taken
by mouth if she was consenting to the

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March 22, 2016

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2 dosage, correct?

3 A. Yes.

4 Q. And the administration of Haldol
5 pursuant to Dobroschi's order on September
6 14th was which method?

7 A. Okay. Dr. Dobroschi's order was
8 for Haldol, five milligrams IM, on the
9 14th.

10 Q. Meaning intramuscular
11 injection?

12 A. Intramuscular. Yes.

13 Q. And again, based on your
14 knowledge, experience and training, the
15 injection of Haldol would have been given
16 via intramuscular injection because Miss
17 Brock did not want to take the Haldol?

18 A. By mouth.

19 Q. And then you said that you
20 ordered an intramuscular injection for
21 Miss Brock of Haldol on September 15th,
22 correct?

23 A. Yes.

24 Q. Did you personally administer
25 the Haldol to Miss Brock?

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A. No.

Q. Who administered the Haldol?

A. Her nurse.

Q. Which nurse?

(Witness perusing the document.)

A. Okay. It was administered by
Amelia Okaruma.

Q. Did you witness the Haldol being
administered?

A. Yes.

Q. How was the Haldol
administered?

A. Intramuscularly.

Q. Did Miss Brock have to be
restrained in any manner to administer the
Haldol, given that she didn't want to take
it orally?

A. No.

Q. Was she sitting down when it was
administered?

A. On her bed.

Q. And she wasn't restrained to her
bed at all?

A. No.

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1 DR. ALAN LABOR

2 Q. With regard to the intramuscular
3 injections of Haldol she had on the 13th
4 and 14th, do you know if she had to be
5 restrained in any manner while the Haldol
6 was administered?

7 A. I don't know because I wasn't
8 there.

9 Q. Is there any way to tell from
10 the medical records whether or not that
11 was the case?

12 A. Yes. It could be in the
13 progress notes; maybe the nurse's, usually
14 because the nurses write the notes because
15 they do the restraints. They should put
16 it in the note.

17 Q. You're saying with regard to the
18 Haldol injection you ordered, Miss Brock
19 did not have to be restrained in any
20 manner?

21 A. I do not recall that. No.

22 Q. Do you want to take a look at
23 the progress notes for that injection just
24 to confirm whether or not she had to be
25 restrained?

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2 A. Sure.

3 Q. You can take your time.

4 MR. LAX: Which note are you
5 referring to?

6 MS. MASSIMI: The one he ordered
7 on September 15th.

8 A. There's no mention of
9 restraints.

10 Q. If restraints are necessary, are
11 they included every time in the progress
12 note?

13 MR. LAX: Objection.

14 A. They should be.

15 Q. You first met with Miss Brock on
16 September 15, 2014, correct?

17 A. Yes.

18 Q. When you first met with her, did
19 you know that she had already received two
20 five-milligram injections of Haldol?

21 A. No.

22 Q. Do Haldol injections affect a
23 patient's behavior in any way?

24 A. Yes. It makes them calm.

25 Q. How long do the effects of the

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1 DR. ALAN LABOR
2 injection of five milligrams generally
3 last for?

4 A. A couple of hours.

5 Q. Did you prescribe or order any
6 other medication for Miss Brock during her
7 stay at -- during her commitment to Harlem
8 Hospital?

9 MR. LAX: Objection. You can
10 answer.

11 A. I ordered Ativan/Lorazepam.

12 Q. What's considered a harsher
13 drug, Ativan/Lorazepam or Haldol?

14 A. They're both doing different
15 things.

16 Q. What does Haldol do?

17 A. Keeps them from being impulsive
18 and gets them to keep calm.

19 Q. What about Ativan-Lorazepam?

20 A. Sedates them.

21 Q. And between the two, you don't
22 know which is considered a harsher drug?

23 MR. LAX: Objection.

24 A. Yes. I do not know.

25 Q. During the September 15th

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1 DR. ALAN LABOR
2 meeting with Miss Brock, did you take any
3 notes?
4 A. Yes.
5 Q. Were they handwritten notes?
6 A. No. On the computer.
7 Q. Are those notes included in the
8 chart that we've been reviewing today?
9 A. Yes.
10 Q. You testified earlier that at
11 the end of that initial 15-minute meeting
12 on September 15th, you didn't make a
13 diagnosis of Miss Brock; is that correct?
14 A. Correct.
15 Q. Did there come a time when you
16 did make a diagnosis of Miss Brock?
17 A. Yes.
18 Q. When was that?
19 A. After I met with the attending
20 and her sisters.
21 Q. After you met with Dr. Samuels?
22 A. Yes.
23 Q. And how long after your meeting
24 with Miss Brock did that meeting with
25 Dr. Samuels and Miss Brock's sisters take

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1 DR. ALAN LABOR
2 know, we were wondering whether that could
3 lead to a physical altercation.

4 Q. But you didn't hear what was
5 said between them?

6 A. I don't recall.

7 Q. You didn't hear Miss Brock make
8 any threats with regard to that person?

9 A. No.

10 Q. Did you ever hear Miss Brock
11 threaten anyone during her entire stay at
12 Harlem Hospital?

13 A. No.

14 Q. When you state that she had
15 racing thoughts, how do you know that?

16 A. Well, wanting to do a lot of
17 things. Wanting to go; wanting to, you
18 know, go get the things done. So that
19 tells you the patient has racing thoughts
20 when they have lot of things going on at
21 the same time.

22 Q. What specifically did she say
23 she wanted to do?

24 A. I don't remember.

25 Q. Do you remember anything she

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1 DR. ALAN LABOR

2 wanted to do other than leaving the
3 hospital?

4 A. She wanted to go back and get
5 her car.

6 Q. So, leave the hospital?

7 A. Yes.

8 Q. When you state that she admitted
9 to driving fast, are you just referring to
10 what we have already discussed earlier
11 when she was driving around Harlem?

12 A. Yes.

13 Q. And again, you don't know
14 specifically where she was driving or what
15 the speed limit was where she was
16 driving?

17 A. She was on one of the avenues in
18 Harlem, and that is where she was picked
19 up. I'm not sure which one.

20 Q. But you don't know what the
21 speed limit was at that location?

22 A. I assume the speed limit of the
23 City of New York.

24 Q. What speed limit is that?

25 A. I do not know.

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2 specific examples that you believe support
3 your conclusion that Miss Brock was acting
4 in an erratic manner?

5 A. Well, when she came to the CPEP,
6 going back to your previous question,
7 sorry, she was refusing to follow orders
8 because she was refusing to take off her
9 earrings and jewelry; she was refusing to
10 follow the orders of the hospital police.

11 Q. Did you observe this
12 interaction?

13 A. No.

14 Q. How do you know about it?

15 A. It was in the progress notes.

16 Q. And what makes you think that's
17 erratic?

18 A. That's not erratic. I said
19 prior to your previous question about --
20 what was your previous question to this?

21 Q. Not following orders.

22 A. Not following orders.

23 Q. So, she didn't want to take off
24 her earrings or jewelry. But you didn't
25 see that happen?

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A. No.

Q. How do you know about it?

A. From previous records, from
previous notes.

Q. From Dr. Nnadi's notes?

A. Yes. One of the two. Or
Dr. Dobroschi's notes.

Q. What earrings and jewelry did
she not want to removed?

A. Her personal jewelry. Patients
are not allowed to have personal jewelry
while they're in the CPEP.

Q. Why?

A. For safety reasons.

Q. Do you know the value of her
earrings or jewelry?

A. No.

Q. Do you know if she eventually
removed her earring or jewelry?

A. Eventually she had to.

Q. What do you mean she had to?

A. Because patients will have to
take off their jewelry prior to admission
in the CPEP.

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2 Q. And being that she was admitted,
3 she must have removed them?

4 A. Yes. At some point.

5 Q. Voluntarily?

6 A. From my recollection,
7 involuntarily.

8 Q. Involuntarily. And how were her
9 earrings and jewelry involuntarily
10 removed?

11 A. I'm not sure.

12 Q. When you say from your
13 recollection they were removed
14 involuntarily, is that something you read
15 in Dr. Nnadi's notes?

16 MR. LAX: Objection.

17 A. Yes. In one of the notes.
18 Yes.

19 Q. Did she have to be restrained in
20 any manner in order for hospital staff to
21 remove her personal belongings?

22 A. No. She could have been, but I
23 don't think she was.

24 Q. When you say that her earrings
25 and jewelry were involuntarily removed,

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2 that might just mean that she said, "I
3 don't want to remove my earrings and
4 jewelry," but then took them off anyway?

5 MR. LAX: Objection.

6 A. Well, you can say so. Remember,
7 I wasn't there. That happened over the
8 weekend. You can say so.

9 Q. Okay.

10 A. Or sometimes we medicate
11 patients to be able to get them sedated
12 enough to take their earrings off.

13 Q. Can you tell from looking at the
14 medical records in front of you that we've
15 been referring to today why the Haldol
16 injection was ordered by Herman Anderson
17 on September 13th?

18 A. I do not know.

19 MR. LAX: Take a look at the
20 records and see if you can see his portion
21 the chart.

22 (Witness perusing the document.)

23 A. Okay. I found a note, but this
24 is the nurse's note.

25 Q. What date and time?

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2 MR. LAX: Objection. You can
3 answer.

4 A. No.

5 Q. Is there a standard of care or
6 something like it that must be followed
7 when a patient presents with the symptoms
8 that you've described here today in
9 relation to Miss Brock?

10 MR. LAX: Objection.

11 A. I do not know.

12 Q. Do you if any reasonably
13 well-qualified physician would differ with
14 your opinion regarding Miss Brock's
15 diagnosis?

16 MR. LAX: Objection.

17 A. It's not only my opinion, it's
18 the opinions of a team of healthcare
19 providers.

20 Q. I just need you to answer the
21 question.

22 A. So the answer is no.

23 Q. Does Harlem Hospital have any
24 published policies or procedures
25 applicable to a physician's diagnosis,

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2 care or treatment of a patient with
3 Bipolar 1 Disorder?
4 MR. LAX: Objection.
5 A. I do not know.
6 Q. Did any of Miss Brock's family
7 members ever tell you that she was violent
8 with them?
9 A. I do not remember violence.
10 Q. Is that something that would
11 stand out to you if they had said that?
12 MR. LAX: Objection. You can
13 answer.
14 A. I don't remember.
15 Q. Did there come a time when Miss
16 Brock was discharged from Harlem
17 Hospital?
18 A. Say that again?
19 Q. Did there come a time when Miss
20 Brock was discharged from Harlem
21 Hospital?
22 A. She's no longer admitted, so I
23 would expect so.
24 Q. I know, but I have to ask you.
25 You're the doctor. I can't just make

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2 statements on the record like that. So if
3 you can just answer the question, we can
4 get through the questions and you can get
5 out of here quickly.

6 Just to repeat it: Did there
7 come a time when Miss Brock became
8 discharged from the hospital?

9 A. Records shows a discharge date
10 and time.

11 Q. Great. Can you tell me, based
12 on the records, the date and time that
13 Miss Brock was discharged from the
14 hospital?

15 A. 22nd September, 2014; 16:30.

16 Q. Did there come a point during
17 Miss Brock's confinement to the hospital
18 that her condition began improving?

19 MR. LAX: Objection.

20 A. I do not know.

21 Q. How long after a patient that is
22 admitted to the psych unit of Harlem
23 Hospital begins to show improvement do you
24 release them from the hospital?

25 MR. LAX: Objection.

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A. There is no time and date.

Q. What do you mean?

A. There's no specific time, date
or period.

Q. Can you hold then indefinitely?

A. If we have to, under the law.

Q. What symptoms does an individual
have to exhibit in order for you to hold
them indefinitely under the law?

MR. LAX: Objection.

A. It's not -- it's hard to tell.
It's on a case-by-case basis.

Q. When you say under the law, what
laws are you referring to?

A. Mental health law, hygiene law.

Q. Is there a specific section?

A. I do not know.

Q. Could you have held Miss Brock
indefinitely?

A. I do not know, because I saw her
very briefly.

Q. After meeting with her for the
initial 15-minute meeting on September
15th, I believe it was, when was the next

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2 time that you saw Miss Brock?

3 A. The following day before she
4 went upstairs.

5 Q. How long did you meet with Miss
6 Brock the following day before she went
7 upstairs?

8 A. I did not meet with her
9 personally.

10 Q. Did you observe her in some
11 capacity?

12 A. Yes, I did.

13 Q. Can you explain that to me a
14 little bit?

15 A. She had appeared less
16 argumentative, and she was -- she appeared
17 a little calmer than the previous day.

18 Q. But you're saying that you
19 didn't speak with her directly; is that
20 correct?

21 A. I observed her. Yes.

22 Q. How did you observe her?

23 A. In her room. In her room, doing
24 rounds.

25 Q. Did you observe her for a matter